
WISCONSIN MEDICAID UPDATE

MARCH 24, 1995

UPDATE 95-10

TO:
Case Management Providers

Policy Clarifications

Certain Policy Areas Are Clarified

As a result of Department staff contacts with case management providers, we have found that certain case management policy areas need clarification. This information will assist you in clarifying:

- 1) which services can be coordinated,
- 2) what case management covers, and
- 3) what is needed to document case management contacts. Also, we have clarified that the COP standards for frequency of monitoring apply.

Case Management includes "Gaining Access to or Coordinating Non-Medicaid Services"

Recently, the Health Care Financing Administration (HCFA) sent information reiterating long standing policies regarding Medicaid case management. In its letter, HCFA repeated that Medicaid case management includes "gaining access to or coordinating non-Medicaid services," as well as Medicaid services. Examples of "gaining access to or coordinating non-Medicaid services" include:

- assisting to obtain social services
- assisting to obtain energy assistance
- assisting to obtain housing
- assisting to obtain legal advocacy
- setting up a volunteer/supportive home care worker to take a client shopping

Review Section II and III of Part U of the Wisconsin Medicaid Provider handbook for information on those services that are covered under Wisconsin Medicaid case management. Additional copies of Part U can be obtained from EDS. Order additional copies by completing the order form in Appendix 35 of Part A, Wisconsin Medicaid provider handbook.

Case Management Coordinates Services Rather than Provides Services

The definition of Wisconsin Medicaid case management identifies those services or activities that are part of case management:

"Activities which help MA recipients and, when appropriate, their families, identify their needs and manage and gain access to necessary medical, social, rehabilitation, vocational, educational and other services. Case management includes assessment, case plan development, and ongoing monitoring and service coordination under HSS 107.32." (HSS 101 (22m), Wis. Admin. Code)

In addition, refer to HSS 107.32 (3), Wis. Admin. Code, for the list of services that are not covered as case management services.

Following are examples of services that are not covered as case management services. Some of these services may be covered under other Wisconsin Medicaid services.

- skill training
- taking a client shopping
- money management
- transporting clients

Correct Documentation of Case Management Contacts is Critical in Developing an Audit Trail

Correct documentation of case management contacts in the case record is critical in developing an audit trail for Medicaid case management. Documentation must be in a readily understood format which can be linked to the goals and services as specified in the case plan. (Refer to HSS 107.32 (1) (d), Wis. Admin. Code, for more information about the specific requirements in providing ongoing monitoring of services and service coordination.)

As specified in HSS 106.02 (9) (a), Wis. Admin. Code, a provider must prepare and maintain truthful, accurate, complete, legible, and concise documentation and medical and financial records. Appendix 11 of the case management handbook contains a sample form that covers the minimum requirements for case notes. The minimum requirements include:

- the name of the recipient
- who made the contact
- what was the content of the contact
- why was the contact made
- how much time was spent
- when was the contact made
- where was the contact made

The following example includes the minimum requirements for case notes:

Met with Ms. Smith on 12/20/94 for an hour in her home. We reviewed her case plan. The plan includes the goal of health care needs stabilization using supportive home care assistants. She is dissatisfied

with one of her workers from the XXX Agency. Apparently the worker is not turning up on time. I will contact the agency today.

The following example does not meet the minimum requirements for case notes:

Visit with Ms. Smith. There was a problem with her supportive home care.

The preceding example does not clearly establish that case management was performed, or that the service was linked to a case plan.

COP Frequency Standards for On-Going Monitoring Apply To Medicaid Case Management Monitoring

As specified in HSS 107.32 (1) (a) (4), Wis. Admin. Code, the standards in s. 46.27, Wis. Stats., (The Community Options Program) for assessments, case planning, and ongoing monitoring/service coordination apply to all covered case management services. Providers must follow the COP standards for frequency of ongoing monitoring. Where the COP standards allow providers to reduce the frequency of monitoring, the provider must document the new contact schedule, and the justification for fewer contacts, on the case plan.

When the case management recipient is a child under age 18 who is living with a parent(s) or guardian, the provider satisfies the recipient contact requirements if the face-to-face contact is with either the recipient or with the custodial parent(s) or guardian.